

Miami-Dade County Disaster Assistance Employee (DAE) Profile



Employee Information: (Complete all fields. If not applicable, write n/a.)

First Name:		Last	: Name:		
Home Address:		City:		Zip code:	
Home #:()		Mobile: ()_			
Job Title:			Department		
Work Address:					
City:	Zip code:	Work#: ()	Fax#: ()	
Pager: ()	Email:				
Supervisor's Name/Title	:				
Phone#: ()	Fax#: ()	Supervisor's Ema	nil:	
Supervisor Designation Specialized Skills, Lice Languages: (Circle extent	enses & Certificat	ions: (Check all th	Department Essent	ial EOC E	ssential
English (Write/Speak/Both) French (Write/Speak/Both) Sign Language Spanish (Write/Speak/Both Portuguese (Write/Speak/ Other:		ese (Write/Speak/Both	n) Gern	Creole (Write/Speak/Both) German (Write/Speak/Both)	
General Office Skills	General	Computer Skills			
EMT/Paramedic Building Contractor Fork Lift Operator	LPN/RN/CAN CPR/First Aid Ham Operator	Mental Health Provid P.E. – E.I.T. Heavy Equipment Op	CDL	l Care Class D Se - Class: r:	ecurity License
Prior Disaster Experier Shelter Management Donations/Distribution C	Damage	Assessment ction/Home Repair	Call Taker/Phone	Bank Volunteer N	Management
Which DAE positions into	erest you? (Choose	e a P- Primary and	I S - Secondary C	hoice)	
P S Shelter ManagemeP S Shuttering ProgramP S Call CenterP S Volunteer Reception	n	P S Shelter with Pe P S Traffic Control P S EOC Positions P S Disaster Inform	P S P S	Warehouse	
To be signed by employ Pursuant to Miami-Dade Composition be classified as either Deptimes of disaster. EOC Distraining sessions and will research.	County Code Chapte artment Essential or PAEs may be asked	r 8-B, I understand th Emergency Operation to work prior, during	ns Center(EÓC)Esse n, and/or after a disa	ential and will work in d	isaster related roles in
Employee's Signature	Date		Supervisor's Si	gnature	 Date